

NOT FOR PUBLICATION  
UNTIL RELEASED BY THE  
SENATE APPROPRIATIONS COMMITTEE

STATEMENT OF  
REAR ADMIRAL NANCY J. LESCOVAGE, NURSE CORPS  
UNITED STATES NAVY  
DIRECTOR, NAVY NURSE CORPS  
MAY 10, 2005  
SENATE APPROPRIATIONS COMMITTEE  
SUBCOMMITTEE ON DEFENSE  
ON  
THE NAVY NURSE CORPS

NOT FOR PUBLICATION  
UNTIL RELEASED BY THE  
SENATE APPROPRIATIONS COMMITTEE

Good morning, Chairman Stevens, Senator Inouye and distinguished members of the Committee. I am Rear Admiral Nancy Lescavage, the 20<sup>th</sup> Director of the Navy Nurse Corps and Commander of the Naval Medical Education and Training Command. It is indeed an honor and privilege to speak before you about our outstanding 5, 000 Active and Reserve Navy Nurses who continue to provide preeminent health care in all operational, humanitarian and conventional settings.

As key members of the Navy Medicine team, our military and civilian nurses proudly demonstrate operational readiness and personal excellence in promoting, protecting and restoring the health of all entrusted to our care anytime, anywhere. Aligned with our Surgeon General's five priorities, we continuously monitor our capabilities and embrace innovations to meet challenges head-on during these rapidly changing times. I will address each priority and illustrate how Navy Nursing meets our unique dual mission in the support and protection of our operational forces, while at the same time providing health care to family members and retirees.

## **I. READINESS**

In the area of readiness, Navy Medicine's first priority, Navy Nurses continue to readily adapt and remarkably deliver superb medical care throughout the battlefield continuum in support of our operational and humanitarian mission via Surgical Companies, Surgical Teams, Shock Trauma Platoons, the Forward Resuscitative System, Fleet Hospitals, Expeditionary Medical Facilities, on Navy and Hospital Ships, and our Military Treatment Facilities at home and abroad. In addition to the services provided by our nurses assigned to operational billets, we have recorded more than 125,000 mission

days in operational and training exercises. Operational platform and intensive trauma training formulate the framework for our nurses to capably provide immediate and emergent interventions and perform safely in any situation or austere environment.

In meeting our mission requirements, we continuously shape our Force Structure with emphasis on critical care, emergency, trauma, perioperative, medical-surgical, anesthesia and mental health nursing specialties. Navy Nurses have deployed this past year throughout the world to Kuwait, Iraq, Djibouti, Afghanistan, Bahrain, the Philippines, Thailand and Guantanamo Bay, Cuba. Humanitarian efforts have been provided to Tsunami and Haitian relief countries, as well as Pensacola after Hurricane Ivan. Together with our Canadian and British active and reserve colleagues, we have also been involved in several large combined joint task force exercises. To achieve all of this and more, our mobilized Reserve Nurses have spectacularly integrated with our military and civilian staff and have dedicated themselves to providing exceptional care to our service members and beneficiaries on the homefront.

To enhance our mission-ready capabilities, joint training opportunities have been maximized with our military and civilian medical communities which involves hands-on skills training, the use of innovative state-of-the-art equipment, and the proliferation of web-based programs for multi-system trauma casualties. Through the Navy Trauma Training Course (NTTC) with the LA County/University of Southern California Medical Center in Los Angeles, Navy Nurse instructors provide participants “real life” exposure while integrating with the hospital’s trauma staff to provide specialized care. Our 46 nurses who rotated through the program this past year have stated that they were better prepared to treat our trauma casualties. The newly established Navy EnRoute Care

Course recently trained 22 Navy Nurses at Camp Lejeune, North Carolina, prior to deploying them to Iraq. This course includes a training pipeline involving the Air Force Critical Care Air Transport Course, Navy Trauma Training Course, and Helicopter Egress/Water Survival training. This highly specialized care is essential to our Forward Resuscitative Surgery System in order to transport and provide required medical care to patients who are at risk of sudden, life threatening changes prior to their transport to a higher echelon level of care. Through the Tri-service Combat Casualty Course, our nurses train in simulated combat conditions. For specific nursing specialty needs, the Services have supported each other. One fine example is the coordination of intensive care unit training with Landstuhl Medical Center for our nurses in Naples, Italy. We also continue to contract with civilian trauma centers in close proximity to our Military Treatment Facilities for didactic training and “hands-on” care. In addition, our Nurse Internship Programs at several of our teaching facilities continue to facilitate the transition of our new nurses into the Navy.

To optimize the readiness capability of our Sailors and Marines, we have placed nurse practitioners onboard the aircraft carriers NIMITZ, KENNEDY, and ENTERPRISE. In addition to rendering traditional episodic care, they promote wellness through post-deployment health assessments, tobacco cessation, and medical exams. Additionally, the nurse practitioners conduct medical training (e.g. Basic Life Support and Deckplate Health Promotion Courses). They also update medical supplies, equipment and practice guidelines while underway. A nurse practitioner with two other health care team members was deployed to the aircraft carrier NIMITZ to assist 6,000 sailors returning from Iraq, resulting in the most efficient completion of the Post Deployment

Health Assessment Evolution of any vessel as hallmarked by the Commander of the Naval Air Force, United States Pacific Fleet.

## **II. QUALITY HEALTH SERVICES**

In sync with Navy Medicine's second priority of delivering quality and cost-effective health care, our Navy Nurses span the continuum of care from promoting wellness to maintaining the optimal performance of the entire patient.

Innovative health services programs and joint partnerships across our military treatment facilities help us to maintain a readiness focus for our patient population. Examples include the Mental Health Nurse Outreach Program with the Marine Corps School of Infantry at Camp Lejeune; the Partnership for In-Garrison Health and Readiness in Camp Pendleton; and the Nurse-Managed Welcome Center at Pearl Harbor, Hawaii. Nurses in the Case Management Department at the National Naval Medical Center have programs supporting the continuum of care for our returning casualties. Through a comprehensive referral network with the Veteran Affairs' Transition Program, our nurses can access collaboratively-developed clinical practice models such as traumatic brain injury and post traumatic stress guidelines. They additionally utilize rehabilitation specialists and are now able to identify the best available health care while the patient is on convalescent leave or is between rehabilitation stays. There are many other military member initiatives, such as the Nurse Run Medevac Transport Team at Bethesda, Maryland that cares for returning casualties. We have specialized Wound Care Clinics throughout our military treatment facilities and we, now more than ever, utilize our mental health nurses.

The Nurse Call Center at Jacksonville, Florida is the benchmark for other military treatment facilities and provides 24/7 triage and advice coverage, emergency room follow-up calls, and a direct link to the patient's primary care manager or specialist. Disease Management Programs for asthma, diabetes, breast cancer, and cardiac care have improved screening rates; recaptured network costs; maximized provider productivity; and guarantee exceptional continuity of care at Patuxent River, San Diego, and Cherry Point. Other innovative programs include the Health Lifestyle Choice Program for children and teens at San Diego and the Post Partum Clinics in Bremerton, Pensacola, Guam, Twenty-Nine Palms, and Yokosuka. In concert with the Armed Forces Center for Child Protection, the Shaken Baby Syndrome Prevention Program is now being piloted at six of our hospitals with additional emphasis on parent training.

In an age of cost containment while promoting high quality of patient care, it is essential that nurses are trained in business planning and continuously evaluate best health care business practices. For example, one of our nurses developed a survey to evaluate disease (asthma and diabetes) and condition management measures as part of a Navy-wide "Disease and Condition Management Report Card" which is comprised of clinical and financial metrics. At Bethesda, nurses in the ambulatory care setting have implemented clinic business rules and performance goals to guide daily practice. At Naval Hospital Jacksonville and the Naval Medical Center Portsmouth, nurses have collaboratively developed an electronic patient tracking system which integrates the Emergency Department with Ancillary Services. Through the use of information technology, patient status and movement within the facility are closely monitored;

clinical data is more expeditiously recalled; and personnel resources can be adjusted for well-justified reasons.

Research priorities are focused on workforce retention, clinical practice, deployment experiences, outcomes management, and the gaining of specific competencies. A sample of research topics includes: clinical knowledge development from care of the wounded during Operation Iraqi Freedom; the perinatal depression screening program; retention of recalled Navy Nurse Corps Reservists; the effects of oxidative stress on pulmonary injury in Navy divers; retention criteria for military health system nurses; and factors associated with post partum fatigue in Active Duty military women. Several of these studies are funded by the TriService Nursing Research Program, which fosters military nursing excellence and promotes collaboration between not only military nurse researchers but with academia as well.

Our nursing research has been disseminated through countless professional forums worldwide, such as at distinguished conferences sponsored by the National Nursing Honor Society Sigma Theta Tau, the Association of Military Surgeons of the United States (AMSUS), TRICARE, Royal College of Nursing of the United Kingdom, and the Micronesian Medical Symposium. Numerous publications by Navy Nurses can be found in prestigious professional journals, such as the Journal of Trauma, Critical Care Nurse, Journal of the American Association of Nurse Anesthetists, Military Medicine, Geriatric Nursing and many more. In addition, many of our nurses have received esteemed awards at University Annual Research Day presentations, as well as at the Phyllis J. Verhonick Army Research Conference which acknowledged a joint service study called, “A TriService Integrated Approach to Evidence Based Practice.”

### **III. ONE NAVY MEDICINE**

In support of the One Navy Medicine concept as a third priority, the integration of active, reserve and civilian nurses renders a more effective, efficient and fully mission-ready nursing force both at home and abroad. With the deployment of over 400 Active Duty Navy Nurses along with the mobilization of Reserve Nurses to support our Military Treatment Facilities, there has been neither a reduction of inpatient bed capacity nor an increase of network disengagements.

Together, we have also optimized joint training opportunities, such as the Chemical, Biological and Radiological Defense (CTR-D) Program training between the New England Naval Health Care Ambulatory Clinics, the Rhode Island Air National Guard, and the Marines at their local Reserve Center. Expert instructors deliver both classroom and confidence chamber training, including exercises involving the use of gas masks and chemical suits. While our Active Duty Nurses attend the Navy EnRoute Care Course, our Reserve Nurse Corps Officers recently participated in a pilot program of the Joint Medical EnRoute Care Course at the U.S Army School of Aviation Medicine at Fort Rucker, Alabama. This program combines medical skills and rotary wing training to create a cadre of joint service, multidisciplinary team members to provide an advance level of care during transport.

### **IV SHAPING TOMORROW'S FORCE**

To meet the mission in all care environments through Navy Medicine's fourth priority of shaping tomorrow's force, it is critical that we continuously focus on our human capital strategy. Our goal here is to specifically shape Navy Nursing with the right



number of nurses with the right training in the right assignments at the right time, and become the premier employer of choice for active, reserve and civilian nurses. We accomplish this through several interdependent processes. With nurse executive leadership, we have identified specific nursing specialties for each deployable assignment to meet operational requirements. Personnel with the right clinical expertise are assigned to deployable platforms. When not deployed, these nurses serve in our Military Treatment Facilities to meet our peacetime mission. We carefully identify graduate education programs that best meet our specific requirements, such as our wartime specialties in critical care, emergency, trauma, perioperative, anesthesia, medical-surgical and mental health. Finally, while closely monitoring the national nursing shortage, we continue to pursue available authorities to recruit and retain our exceptionally talented nurses.

Our Active Duty component is presently 96% manned with 2,979 of our 3,094 positions filled. As a result, our recruitment efforts are focused on maintaining adequate staffing to continue to meet our mission, particularly in our critical wartime specialties. Our pipeline scholarship programs help contain our annual recruiting goals. However, for the first time in over ten years, we only attained 68% of our Fiscal Year 2004 Active Duty recruitment goal, acquiring 63 out of 92 nurses. We recently met with success in increasing our Nurse Accession Bonus to \$15,000; we continue to maintain our presence at national nursing conferences and tap Navy Nurses at all levels to market our career opportunities to their professional associations. Since the inception of the Nurse Candidate Program, this is the first year we have essentially doubled the Accession Bonus from \$5,000 to \$10,000 and the monthly stipend from \$500 to \$1,000.

Regarding our reserve recruiting goal, we may experience challenges in attaining our specific specialty in some areas. Of particular note, the Hospital Corpsman/Dental Technician Professional Development Option was initiated last year for the Reserves as part of a three-year pilot program. Reservists are being provided drill credits while attending a Bachelor of Science in Nursing curriculum. This upward mobility program will serve as an accession source for junior Nurse Corps Officers.

Promoting retention, we have several initiatives to retain our talented professional nursing force. As mentioned earlier, our graduate education scholarship program is a primary motivator for recruitment and our number one retention tool. Within our education plan, we strongly support nurses who choose to attend the Graduate School of Nursing at the Uniformed Services University of Health Sciences. At present we have sixteen students in the Nurse Anesthesia, Family Nurse Practitioner, Perioperative Clinical Nurse Specialist, and Doctoral Programs with an additional eleven students slated to begin in the coming academic year. As we continue to collaborate and identify our mission requirements, the faculty leadership has refined their curricula to meet our needs. Two classic examples include the development of the Military Contingency Medicine/Bushmaster Program to optimize mission readiness and the focus of research efforts towards relevant military nursing topics.

Another significant first-time accomplishment to assist in our retention efforts, we were able to increase the Certified Registered Nurse Anesthetist Incentive Special Pay or ISP to a multi-year contract program. For all Nurses, we continue to focus on quality of professional life by granting appropriate scopes of practice and giving them challenging leadership positions.

To recruit civil service nurses, we continue to use Special Hire Authority to expeditiously hire nurses into the federal system. We sometimes can supplement these new hires with recruitment, retention and/or relocation bonuses depending on staffing requirements and available funds. As part of a one-year pilot program, we have initiated Special Pays for registered nurses at five of our Military Treatment Facilities for such things as on-call, weekend, holiday, and shift differential with increased compensations. We will soon pilot the program for Licensed Vocational Nurses at the same sites. After one year, we will evaluate the effectiveness of these programs in retaining these clinical experts.

## **V. JOINT MEDICAL CAPABILITIES**

In continuously shaping our human capital work force of nurses, we are better able to collaborate and integrate with the other Services, as well as local, state and federal agencies to maximize our joint medical capabilities within our final priority of working jointly. Nurses now function in significant roles in Homeland Security within Navy Medicine by developing policy, plans and a concept of operations and then managing programs that focus on the security of our customers and our bases. The challenges of today have created a need to evolve the nursing role into a greater perspective that crosses the joint service and interagency world at all levels. As one example, a Navy Nurse is one of two medical representatives working with the Joint Program Executive Office for Chemical and Biological Defense to assess and analyze installations to identify appropriate levels of CBRN (chemical, biological, radiological, nuclear) equipment distribution and support for 59 Navy installations. Nurses at Bethesda, Maryland have

been at the forefront with the first collaborative emergency preparedness exercise involving military, federal and civilian health care facilities in the National Capitol Region. In addition, in many of our Military Treatment Facilities, nurses are assigned disaster preparedness and homeland security responsibilities. Noted for our clinical expertise, operational experiences and solid leadership qualities, I can assure you that our Navy Nurses are collaborating at all levels.

## **CONCLUSION**

The Navy Nurse Corps has been consistently dynamic in this ever-changing world, remaining versatile as visionary leaders, innovative change agents and clinical experts in all settings. Our Navy Nurses are at the forefront using the latest technology in the operational setting and in our Military Treatment Facilities; conducting cutting edge research; performing as independent practitioners; and creating health care policies across Military Medicine to advance nursing practice and to improve delivery systems.

I appreciate the opportunity to share the accomplishments and issues that face Navy Nursing. It has been an honor to serve as the 20<sup>th</sup> Director of the Navy Nurse Corps. I am very proud of our distinguished Corps and of our great history. As I move on to a new assignment as Director of TRICARE Region West in San Diego, I remain committed to the Navy Nurse Corps, our great Navy and Marine Corps Team, and the Department of Defense. Like many of our other Navy Nurses and my professional colleagues who function in pivotal executive roles, I will continue to support our efforts to impact legislation, health care policy and medical delivery systems. I hand the Navy

Nurse Corps over to the very capable leadership of my successor, Rear Admiral (Select) Christine Bruzek-Kohler.

My greatest gift everyday lies in working with these fine Officers and Civilians and in collaborating with my splendid colleagues across the services, across academia and in our federal and international governments. I want you to know we give our best always to those heroes and families who keep this country free. There is no greater honor than to serve. Thank you.